

Suggestion

SUGGESTION NUMBER *(Will be added by Office Responsible for Suggestion Program)*

1. NAME *(Last, First, Middle Initial)*

2. TELEPHONE NUMBER

CMCL

DSN

3. POSITION TITLE AND GRADE/MILITARY RANK

4. NAME AND OFFICE ADDRESS WHERE YOU WISH AN ACKNOWLEDGEMENT SENT

5. NAME OF ACTIVITY AND ORGANIZATIONAL ELEMENT *(Not required if included in Block 4)*

6. SUBJECT/TITLE OF SUGGESTION

7. DESCRIPTION Include in your narrative a description, a solution and benefits of the proposed suggestion. (Attach pages for additional data, if needed) (A blank page is provided in FormFlow titled BLNKPORT(P).

The acceptance by me of a cash award for this suggestion, if approved, shall constitute an agreement that the use of my suggestion by the U.S. Government or any municipal government shall not form the basis of a further claim of any nature upon the U.S. Government or any municipal government by me, my heirs, or assignees.

8. MY NAME MAY BE USED IN PROCESSING THIS SUGGESTION

☐

YES

☐

NO

9. SUGGESTER'S SIGNATURE

10. DATE

REMARKS FOR SUGGESTION OFFICE *(For Suggestion Office Use Only):*

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11. DESCRIPTION *(Continued)*:

Suggestion Office of Primary Interest *(OPI)*: